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SEF 1 7 2007

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR HIFORM LIMITED OFFERING EXEMPTION

| | 61/11 | | | |
|---|-----------|--|--|--|
| OMB APPR | OVAL | | | |
| OMB Number: | 3235-0076 | | | |
| Expires: April 3 | 0.2008 | | | |
| Expires: April 30.2008 Estimated average burden | | | | |
| hours per respon | se16.00 | | | |

| SEC USE ONLY | | | | | |
|---------------|--|--------|--|--|--|
| Prefix | | Serial | | | |
| | | | | | |
| DATE RECEIVED | | | | | |
| | | | | | |

| UNIFORM LIMITED OFFERING EXEM | PTION |
|---|---|
| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | |
| PCP - City Warehouse, L.P. Filing Under (Check box(es) that apply): | ULOE |
| Type of Filing: New Filing Amendment | |
| A. BASIC IDENTIFICATION DATA | 1940 1 1944 1 194 |
| 1. Enter the information requested about the issuer | 07078045 |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | |
| PCP - City Warehouse, L.P. | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 5495 Belt Line Road, Suite 340, Dallas, Texas 75254 | 972-866-7577 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business | PROCESSED |
| Real Esetate Investment | 1.0020020 |
| Type of Business Organization | SEP 2 1 2111177 |
| | please specify): |
| business trust limited partnership, to be formed | FINIANCIAL |
| Actual or Estimated Date of Incorporation or Organization: O 5 O 7 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction) | |
| GENERAL INSTRUCTIONS | |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6). | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address. | |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20 | 1549 . |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures. | ly signed. Any copies not manually signed must be |
| Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC. | |
| Filing Fee: There is no federal filing fee. | |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for substitution ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed. | Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall |
| ATTENTION — | |
| Failure to file notice in the appropriate states will not result in a loss of the federal e appropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice. | |

| | | A. BASIC IDE | ENTIFICATION DATA | <u> </u> | | | |
|---|---|-----------------------------|-----------------------------|---------------------|--|--|--|
| Enter the information rec | quested for the fol | lowing; | | | | | |
| Each promoter of the control of | ne issuer, if the iss | suer has been organized w | ithin the past five years; | | | | |
| Each beneficial owr | • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. | | | | | | |
| • Each executive offi | cer and director of | f corporate issuers and of | corporate general and man | aging partners of | partnership issuers; and | | |
| Each general and m | anaging partner o | f partnership issuers. | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | |
| Full Name (Last name first, if | individual) | | | | | | |
| PCP GP, LLC - City Ware | house Series | | | | | | |
| Business or Residence Addres 5495 Belt Line Road, Suit | | | de) | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | |
| Full Name (Last name first, if | individual) | | | | | | |
| Bellerive Interests, LLC - | No. 104 Series | | | | | | |
| Business or Residence Addres | ss (Number and | Street, City, State, Zip Co | ode) | | | | |
| 5495 Belt Line Road, Suite | e 340, Dallas Te | exas 75254 | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | |
| Full Name (Last name first, if Centinary Interests, LLC | • | 8 | | | | | |
| Business or Residence Addres | ss (Number and | Street, City, State, Zip Co | ode) | | | | |
| 5495 Belt Line Road, Suite | e 340, Dallas, T | exas 75254 | | | | | |
| Check Box(es) that Apply: | Promoter | ☑ Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | |
| Full Name (Last name first, i | f individual) | | | | ·· - · · · · · · · · · · · · · · · · · | | |
| Prestwick COP Interests, | LLC - No. 104 S | Series | | | | | |
| Bus.ness or Residence Addres 5495 Belt Line Road, Sui | • | - | ode) | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | |
| Full Name (Last name first, it HFS Phoenix 07 Fund, L | | | | , , | | | |
| Business or Residence Addres 8350 Meadow Rd, Ste 28 | | | ode) | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | |
| Full Name (Last name first, i Phoenix Capital Partners | | | | | | | |
| Business or Residence Addre 5495 Belt Line Road, Sui | • | | ode) | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | |
| Full Name (Last name first, i Hammond Heath | f individual) | | | | | | |
| Business or Residence Addre 5495 Belt Line Road, Suit | | • | ode) | , ., ., | | | |
| | (Use bla | nk sheet, or copy and use | additional copies of this s | heet, as necessary) |) | | |

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Stephen J. Mastor Business or Residence Address (Number and Street, City, State, Zip Code) 5495 Belt Line Road, Suite 340, Dallas, Texas 75254 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) David Heath Business or Residence Address (Number and Street, City, State, Zip Code) 5495 Belt Line Road, Suite 340, Dallas, Texas 75254 Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Bus ness or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

| | · · | | | | B. II | FORMATI | ON ABOU | T OFFERI | NG | | | | |
|---|---|----------------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|------------------------------|----------------------|----------------------|----------------------|----------------------|
| 1. | . Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | Yes | No E | | | | |
| 2. | . What is the minimum investment that will be accepted from any individual? | | | | | | | \$_10,000.00 | | | | | |
| 3. | Does th | e offering | permit joint | ownershi | p of a sing | le unit? | | | | | •••• | Yes | No ⊠ |
| 4 | | | | | | | | | he offering. with a state | | | | |
| Full | • | Last name | first, if indi | vidual) | | | | | | | | - | |
| | | Residence | Address (N | umber and | I Street, Ci | tv. State. Z | ip Code) | | | | | | |
| | | | | | | | | | | | | | |
| Nan | ne of Ass | sociated Br | oker or Dea | aler | | | | | | | | | |
| Stat | es in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | · | | | |
| | (Check | "All States | or check | individual | States) | ••••• | | | | ••••• | ••••• | All States | |
| | AL IL MT RI | AK IN NE SC | AZ IA NV SD | KS NH TN | CA KY NJ TX | LA NM UT | CT ME NY VT | DE MD NC VA | MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | MO PA PR |
| Ful | l Name (| Last name | first, if indi | ividual) | ·-·· · | - | | | | | | | |
| Bus | siness or | Residence | Address (? | Number an | d Street, C | ity, State, | Zip Code) | | | | - | | |
| Nar | ne of Ass | sociated Br | oker or De | aler | . | <u>, ,</u> | | | | | | | |
| Star | | | Listed Has | | | | | | | | | | |
| | (Check | "All States | or check | individual | States) | | *************************************** | ****** | ************** | | ****************** | ☐ A1 | l States |
| | AL IL MT RI | AK IN NE SC | IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | ME NY VT | MD NC VA | MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | MO PA PR |
| Ful | l Name (| Last name | first, if ind | ividual) | | | | | | | • | ··· | - |
| Bus | siness or | Residence | Address (? | Number an | d Street, C | City, State, | Zip Code) | | | | | . | |
| Nar | me of As: | sociated Bi | oker or De | aler | | | | | | | | | |
| Stat | tes in Wh | ich Persor | Listed Has | s Solicited | or Intends | to Solicit | Purchasers | · · · · · | | | | | |
| (Check "All States" or check individual States) | | | | | | | ☐ Al | l States | | | | | |
| | AL IL MT | AK IN NE SC | IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | MS OR WY | ID MO PA PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
|----|--|-----------------------------|--------------------------------------|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | 0.00 | s ^{0.00} |
| | Equity | | \$ 0.00 |
| | Common Preferred | , | |
| | Convertible Securities (including warrants) | 0.00 | 0.00 |
| | Partnership Interests | · | \$ 2,413,850.00 |
| | Other (Specify) | | · • |
| | Total | | s 2,413,850.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | P | <u> </u> |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 83 | <u>\$ 2,413,850.00</u> |
| | Non-accredited Investors | | \$ |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | | Type of | Dollar Amount |
| | Type of Offering | Security | Sold |
| | Rule 505 | | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | , | \$ |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$_0.00 |
| | Printing and Engraving Costs | | s 0.00 |
| | Legal Fees | | \$ 0.00 |
| | Accounting Fees | | \$_0.00 |
| | Engineering Fees | | \$_0.00 |
| | Sales Commissions (specify finders' fees separately) | | \$ <u>0.00</u> |
| | Other Expenses (identify) investment fee and estimated marketing expenses | | \$ 28,850.00 |
| | Total | - | |

| | C. OFFERING PRICE, NUM | BER OF INVESTORS, EXPENSES AND USE OF PR | ROCEEDS | |
|-----|---|---|--|-------------------------|
| | b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer." | | | \$ |
| i. | Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part | by purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross | | |
| | | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | | 7\$ | |
| | | | = | |
| | Purchase, rental or leasing and installation of mad | chinery | _ | _ |
| | Construction or leasing of plant buildings and fac | _ | | |
| | Acquisition of other businesses (including the val offering that may be used in exchange for the assessuer pursuant to a merger) | ue of securities involved in this ets or securities of another | • | _ |
| | Repayment of indebtedness | | | s |
| | Working capital | | -] \$ | |
| | Other (specify): Acquisition of Limited Partner i | nterests in real estate investment partnership |] \$ | \$ 2,385,000.0 |
| | | |] \$ | . 🗆 \$ |
| | Column Totals | |] \$ | ✓ \$ 2,385,000.0 |
| | Total Payments Listed (column totals added) | [] \$_2, | 385,000.00 | |
| | | D. FEDERAL SIGNATURE | | |
| ig | e issuer has duly caused this notice to be signed by the cature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc | rnish to the U.S. Securities and Exchange Commiss | ion, upon writte | |
| SS | uer (Print or Type) | Signature / D | ate | |
| PC | P - City Warehouse, L.P. | Hanne lett | 9-7-0 | |
| ۷a | me of Signer (Print or Type) | Title of Signer (Print or Type) | | |
| laı | nmond Heath | Manager of PCP GP, LLC - City Warehouse So | eries, its genera | al partner |

- ATTENTION -